## FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2814 OCJ 15 AM 7: 46

1.	NAME OF		
	COMMITTEE	(in	full

FE6AN026

TYPE OR PRINT ▼

Example: If typing, type

12FE4MS MAIL GENTLE

COMMITTEE (IN full)		over the	lines.					
HIARRISION COUNTY WY WY IVICTIORY FIUND								
					<u> </u>			
ADDRESS	(number and street)	R R 121 1810	CL 13 10 15 L 1		1 1 1 1 1 1 1			
	neck if different	P. 101. 1801X1	141517111					
	an previously ported. (ACC)	LIOISITI ICIRI	EIEIKI I I		WV 2,63	8.5]-		
2. FEC II	DENTIFICATION NU	JMBER ▼	CITY		STATE A	ZIP CODE A		
Cc	05460	<i>ه</i>	3. IS THIS REPORT	NEW (N) OF	AMENDED (A)	)		
4. TYPE	OF REPORT	(b) Monthly Report	Feb 20 (M2)	May 20 (M	5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)		
(a) Qı	uarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6	Sep 20 (M9)			
	April 15 Quarterly Report (C	(c) 12-Day	Apr 20 (M4)	Jul 20 (M7	Oct 20 (M10			
Z.	July 15 Quarterly Report (C	PRE-Election Report for the	<del></del>	vention (12C)	Special (12S)	_		
Ц	October 15 Quarterly Report (C January 31	23)	TW.	-W / D-D	, <del>, , , , , , , , , , , , , , , , , , </del>	in the		
L	Year-End Report (Y	/E)E	lection on	<u>.                                     </u>		State of		
U	July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Elect		eral (30G)	Runoff (30R)	Special (30S)		
	Termination Report (TER)		lection on	м / ото	,	in the State of		
5. Covering Period 04 01 2014 through 0.6 30 2014								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer Jackson L. Smith								
Signature of Treasurer   Auch of the signature of Treasurer   10/9/04th/ MTM / DTD / VIVIVIVIVIVIVIVIVIVIVIVIVIVIVIVIVIVIV								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
	Office Use				FE	C FORM 3X Rev. 12/2004		